



New Hire Packet

Please read, fill out, and return the following documents:

- Employment Application
- Employment Record
- Emergency Contacts
- Independent Driver Contract
- W-9
- 3-yr Motor Vehicle Report (obtained within last 30 days)
- Copy of CDL
- Signed Medical Card/Certificate
- Signed Pre-employment Drug Test (negative)

*Upon hiring, a driver's road test will be conducted by management. Upon successful completion, you will receive a signed Certification of Road Test.



Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Driver Experience and Qualifications

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience

CLASS EQUIPMENT	TYPE EQUIPMENT	DATE FROM	DATE TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

Accident Record for Past 3 years or more (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

Traffic Convictions and Forfeitures for the Past 3 Years (OTHER THAN PARKING)			
LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE EXPLAIN:

Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

Yes _____ No _____

Tested positive for controlled substance in last 3 years? Yes _____ No _____

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? Yes _____ No _____

Ever refused a required test for drugs or alcohol in the last 3 years? Yes _____ No _____

I _____, certify that I have provided accurate and truthful information in the above application for employment.

Applicant Signature



EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

FROM _____ TO _____

REASONS FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ TELEPHONE NUMBER _____

POSITION HELD _____

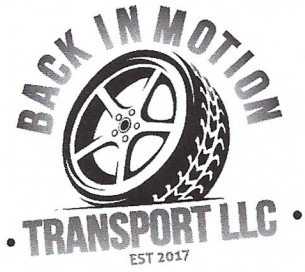
FROM _____ TO _____

REASONS FOR LEAVING _____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

Date _____

Applicant's Signature _____



Emergency Contacts

Employee Name:

Last Name

First Name

MI

Home Phone: () _____

Cell Phone: () _____

Address:

Street

City

State

Zip

Emergency Contact Name:

Last Name

First Name

Relationship to employee:

Work Phone: () _____

Home Phone: () _____

Cell Phone: () _____

If unavailable (2nd) Contact Name:

Last Name

First Name

Relationship to employee:

Work Phone: () _____

Home Phone: () _____

Cell Phone: () _____

Preferred local hospital:

Preferred doctor to contact:

Insurance Information:

Company:

Policy#:

Comments (include any allergies or special medical or personal information you would want an emergency care provider to know – or special contact information):



INDEPENDENT DRIVER AGREEMENT

THIS AGREEMENT made and entered into this ____ day of _____, 200__, by and between Back in Motion Transport L.L.C., a limited liability company with its principal place of business at 525 E. Armstrong St, Suite 306, Philadelphia, PA 19144, and _____, independent driver with a principal place of business at _____, _____ County, _____, hereinafter referred to as "Driver". WHEREAS, Driver has the licenses and permits necessary for the purposes of this Contract, below, and

WHEREAS, Back in Motion Transport LLC desires to contract with and engage Driver as an independent contractor for the purposes set forth below.

WITNESSETH, that in consideration of the mutual promises, and covenants herein it is hereby agreed and contracted:

1. **PURPOSE.** The purpose of this Agreement is to provide for the transport of cargo and other truck freight in accordance with contracts and commitments which may be hereafter negotiated between the parties subject to this Agreement, and Driver represents and warrants that Driver has the licenses and permits necessary to accomplish such purpose.

2. **RATE/PAYMENT.** BACK IN MOTION TRANSPORT LLC agrees to pay Driver for successful completion of the purposes of this Agreement in accordance with the invoiced rate to each broker. Back IN MOTION TRANSPORT LLC invoices broker through RTS Financial; BACK IN MOTION TRANSPORT LLC receives a net pay of 70% for each invoice; BACK IN MOTION TRANSPORT LLC pays Driver 20% of the net pay from all approved invoices.

3. **LIABILITY AND CARGO INSURANCE.** Back in Motion Transport LLC holds insurance that shall cover the risks of liability for injury or damage to persons or property, including cargo insurance, with such carriers and in such amounts as are reasonably acceptable by state law; such insurance shall be kept in full force and effect during the term of this Agreement,

4. **INDEPENDENT CONTRACTOR.** This Agreement does not constitute and shall not be construed as constituting or creating an employer/employee relationship between BACK IN MOTION TRANSPORT LLC and Driver. BACK IN MOTION TRANSPORT

LLC may have the right to direct the results which are to be accomplished by Driver in fulfilling its duties and responsibilities hereunder. Driver agrees to obtain and maintain such workers compensation insurance or alternate medical insurance, as may be required by law, and Driver will provide BACK IN MOTION TRANSPORT LLC with satisfactory evidence of such insurance, and Driver agrees to indemnify and hold BACK IN MOTION TRANSPORT LLC harmless from any claim that BACK IN MOTION TRANSPORT LLC should provide, or should have provided workers compensation insurance coverage or benefits because of the application of this Agreement, and the terms of this paragraph are continuing in nature and shall survive the terms of this Agreement.

5. TERM. This Agreement shall be month-to-month but may be sooner terminated by either party following the completion of any existing commitments after ten (10) days' notice to the other.

6. INDEMNITY. Driver agrees to indemnify, defend, and hold BACK IN MOTION TRANSPORT LLC harmless from any and all liabilities which BACK IN MOTION TRANSPORT LLC may incur as a result of any acts or failures to act, or negligence on the part of Driver and this obligation on the part of Driver is continuing and shall survive the expiration of the term of this Agreement.

7. LICENSES AND PERMITS. Driver shall, during the entire term of this Agreement, and any extension thereof, obtain and maintain in full force and effect, at its sole expense, all licenses and permits which are required for the operation of said equipment.

8. SAFE OPERATION. All equipment and machinery, which are subject to this Agreement shall at all times be maintained, operated by Driver in a safe manner, and will be kept in such condition at all times to meet all safety rules and regulations and all other maintenance and operational rules and regulations.

9. GOVERNING LAW. The laws of the State of Pennsylvania shall govern the interpretation and construction of this Agreement.

10. MISCELLANEOUS.

- a. This contract is not exclusive, and Driver may perform as stated above for multiple third parties, and for the general public, and

- b. BACK IN MOTION TRANSPORT LLC does not guarantee Driver a profit, and all consideration for this Agreement as provided at paragraph 2 above.

IN WITNESSETH WHEREOF the parties have hereto subscribed by and through their duly authorized representative, the day and year first above written:

DRIVER: _____

By: _____

Back in Motion Transport LLC: Shamus Armstead, President

By: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



DRIVER'S ROAD TEST EXAMINATION

LAST NAME: _____ FIRST NAME: _____ MI: _____ (MAIDEN NAME IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) : _____ (CELL) _____ SPE TESTING SITE STATE: _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

- _____ Pre-trip inspection (As required by Sec. 392.7)
- _____ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)
- _____ Placing the equipment in operation
- _____ Use of the vehicle's controls and emergency equipment
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle
- _____ Braking, and slowing the vehicle by means other than braking
- _____ Backing, and parking the vehicle.
- _____ Other, Explain

Type of equipment used in giving test: _____

Date: _____ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) _____

EXAMINER'S NAME (SIGNATURE) _____

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: _____



CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

CERTIFICATION OF ROAD TEST

DRIVERS LAST NAME: _____ FIRST NAME: _____ MI: _____

(MAIDEN NAME IF APPLICABLE): _____

Social Security Number _____

Operator's or Chauffeur's License Number: _____

State of Issuance: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger carrier, type of Bus: _____

This is to certify that the above-named driver completed a road test under my supervision on _____ (DD/MM/YYYY) consisting of approximately: _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): _____

Examiner's Name (Signature): _____

Title: _____

State Test Site: _____

Organization and Address of Examiner: _____
